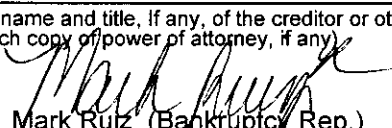


<b>United States Bankruptcy Court</b> <i>Boise</i> District of ID		<b>PROOF OF CLAIM</b> <b>Chapter 13</b>	
In re (Name of Debtor) <b>CLINTON P HINTON</b>		Case Number <b>9941638</b>	
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>			
<b>Name of Creditor</b> <small>(The person or entity to whom the debtor owes money or property)</small> <b>FIRST USA BANK</b>		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</div><div><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</div><div style="text-align: right;"><b>THIS SPACE IS FOR COURT USE ONLY</b></div></div>	
<b>Name and Addresses Where Notices Should be Sent</b> <b>FIRST USA BANK, N.A.</b> <b>P.O. BOX 149265</b> <b>AUSTIN, TX 78714-9713</b>			
Telephone No. <b>800/238-3267</b>			
<b>ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <b>4366133063688633</b>		Check here if this claim: <input type="checkbox"/> replaces a previously filed claim dated: _____ <input type="checkbox"/> amends	
<b>1. BASIS FOR CLAIM:</b> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) <b>Credit Card</b></div><div><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <b>Wages salaries and compensations (Fill out below)</b> <input type="checkbox"/> Your social security number _____ <b>Unpaid compensations for services performed</b> from _____ (date) to _____ (date)</div></div>			
<b>2. DATE DEBT WAS INCURRED:</b> <b>10/1/95</b>		<b>3. IF COURT JUDGMENT DATE OBTAINED:</b>	
<b>4. CLASSIFICATION OF CLAIM.</b> Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured non priority, (2) Unsecured Priority (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describes your claim and STATE THE AMOUNT OF THE CLAIM. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> <b>SECURED CLAIM \$</b> _____ Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)  Amount of arrearage and other charges included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> <b>UNSECURED NON PRIORITY CLAIM</b> <b>\$4,952.31</b> <small>A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.</small></div><div><input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM \$</b> _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned no more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other—11 U.S.C. §§ 507(a)(2), (a)(5)—(Describe briefly)</div></div>			
<b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:</b> <b>\$4,952.31</b> <small>(Unsecured)</small>		<b>\$4,952.31</b> <small>(Total)</small>	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
<b>6. CREDITS AND SET OFFS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		<b>THIS SPACE IS FOR COURT USE ONLY</b>  <div style="font-size: 4em; margin-top: 20px;">15</div>	
<b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8. TIME STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <b>02/02/00</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="text-align: center;"> <b>Mark Ruiz (Bankruptcy Rep.)</b></div>		

BS 4366133063688633  
 HINTON,CLINTON P\*HINTON,HC Y K\*1006 4TH AVE E\*\*JEROM ID\*83338\*4366133063688633

CURRENT BAL	4952.31	STATUS CODES INT/EXT	X/B	CRCD 840	02/17/00 13:18
CREDIT LIMIT	4750	CYCLE CODE	16W	HOME PHONE	208-324-4827
AVAILABLE CR	202-	OPEN DATE	10-95	WORK PHONE	208-737-2650
LST STMT BAL	4952.31	EXPIRATION DATE	11-98	SOC SEC #	518-96-2753
PREV HIGH BAL	4952	PLASTICS #	02 TYPE 11	CHECKING	
LAST PMT AMOUNT	97	LAST MONETARY	09-21-99 P	SAVINGS	
LAST PMT DATE	09-21-99	LAST NONMON	02-01-00 160	ANNUAL CHARGE	11-99 1
				CREDIT LINE	01-97 D
AMOUNT DUE	406	DISPUTES	0 0 0	FIXED PAY AMT	0.00
AMT DELINQUENT	303	AUTH FLAG	PIN TRIES 0	RENEWAL CODE 6	CONTROL 6
# DAYS DELINQUENT	143	OVERLIMIT HISTORY	5	USER FLAGS	V F
# TIMES 1 CYCLE	5	TERMS LEVEL	1	SPECIAL FLAGS	V
# TIMES 2 CYCLES	0	HISTORY	4321 I0II 332J	MISC F	A
# TIMES 3 CYCLES	4	REAGE COUNTER	00	MONTHS GROSS ACTIVE	9
RECOURSE FLAG	N	STATUS CODE CHG	12-20-99	DELQ SCENARIO	0002
CASH ADV OUT	1746	AUTO PAYMENT FLAG	0	SCORE: BH	253 CR
CREDIT BUREAU FLAG	4	YTD INTEREST	0.00	CREDIT LIFE 0 / DUALITY	0
CROSS REFERENCE 1	000000000000000000 2		0004678076078913 3		0000000000000000